

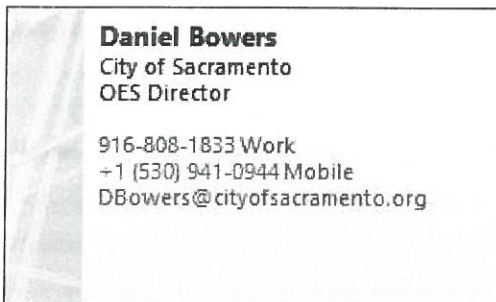
Volenski, Dina

022819 Emma2

From: Cantelme. Steve <cantelmes@sacoes.org>
Sent: Thursday, February 28, 2019 10:10 AM
To: 'cdunsmoor@buttecounty.net'
Cc: Cantelme. Steve
Subject: City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018
Attachments: 20190227193422456.pdf; EMMA Forms for Allison Nielson.pdf; 20190214110921233.pdf; 20190211122024271.pdf; Daniel Bowers.vcf

Hi Cindi,

Attached are the reimbursement documentation provided by the City of Sacramento for their animal control officers deployed to Butte County for the Camp Fire. The point of contact for the City of Sacramento for any questions or needs you might have for their deployment is Daniel Bowers and his contact information is below.



Thank you,

Steve

Stephen Cantelme
Chief
Sacramento OES
(916) 806-6596
cantelmes@sacoes.org



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DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE 1 OF 3

APPLICANT <u>City of Sacramento</u>	PROJECT NO.	DISASTER <u>Camp Fire</u>
LOCATION/SITE <u>Richford Field Series</u>	CATEGORY	PERIOD COVERING <u>11/24/18 to 12/12/18</u>
DESCRIPTION OF WORK PERFORMED <u>Manage Field Services Drops, STPS, EVACS</u>		

NAME		DATES AND HOURS WORKED EACH WEEK										COSTS			
JOB TITLE		DATE	11/24	11/26	11/27	11/28	11/29	11/30	12/1	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS	
Jace Huguenin															
CHIEF ACO															
NAME		REG.	8	8	8	8	8	8	8	56	253.00	182.80	422.51	4235.00	
JOB TITLE		O.T.													
NAME		REG.													
JOB TITLE		O.T.													
NAME		REG.													
JOB TITLE		O.T.													
NAME		REG.													
JOB TITLE		O.T.													

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$ 4235.00
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED 	DATE <u>2-27-19</u>
TITLE <u>CHIEF ACO</u>	

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1560-0017
Expires December 31, 2011

PAGE 2 OF 3

APPLICANT <u>City of Sacramento Salvaging</u>	PROJECT NO.	DISASTER <u>Camp fire</u>
LOCATION/SITE <u>Richter</u>	CATEGORY	PERIOD COVERING <u>11/27/18 to 12/12/18</u>
DESCRIPTION OF WORK PERFORMED <u>Field Services Management</u>		

NAME	DATE	DATES AND HOURS WORKED EACH WEEK							COSTS			
		12/3	12/4	12/5	12/6	12/7	12/8	12/10	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
JACE HUGGINS	REG.	8	8	8	8	8	8	8	56	53	182	565.20
Chief ACO	O.T.											3956.00
NAME	REG.											
NAME	O.T.											
NAME	REG.											
NAME	O.T.											
NAME	REG.											
NAME	O.T.											
NAME	REG.											
NAME	O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$ 3956.00
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
-----------	-------	------

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE 3 OF 3

APPLICANT

City of Sacramento Race Registry

PAID NO.

PROJECT NO.

DISASTER

Camp fire

LOCATION/SITE:

15 SITE
Richer

CATEGORY

PERIOD COVERING

21/21-12/12

DESCRIPTION OF WORK PERFORMED

Filed Server Management

[illegible]

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

\$1130.40

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

५

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

TITLE
11

Chung A66

DATE _____

8-27-19

FEMA Form 90-123, FEB 09

Queda total
\$ 9,321.80

EMMA FORM 4 - EXIT SURVEY**EMMA System Evaluation**

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:**Incident Name:****Assignment Location** (EOC, Command Post, Field, etc.):**Position/Task:****Shift** (Day / Night):**Assignment Dates:****Number of Shifts** (In days, do not include travel):**A. Mobilization Process:**

- | | | | |
|-----------------------|------------------------------------|------------------------------------------|------------------------------------------|
| • Alert Notification | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Recruitment | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Assignment Briefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |

• Comments (Attach an additional page if necessary):

Poorly org. & shared

B. Assignment Support:

- | | | | | |
|--------------------------|------------------------------------|-------------------------------|------------------------------------------|------------------------------|
| • Travel Arrangements | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |
| • EOC In-processing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |
| • Deployment Support Kit | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> N/A |
| • SOPs/Forms | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |

• Comments (Attach an additional page if necessary):

There were no Arrangements or in-processing - or support kit - or SOPs

C. Demobilization Process:

- | | | | |
|----------------------------------|------------------------------------|-------------------------------|------------------------------------------|
| • EOC Out-processing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Personal Expense Reimbursement | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor N/A |
| • Post-Assignment Debriefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Overall Experience | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |

• Comments (Attach an additional page if necessary):

No true instructions.

D. General Comments/Suggestions

Considering this is the third time I have had to fill out paperwork, I'd say organization suffered.

Poor comms throughout event

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 1660-0017
Expires April 30, 2013

PAGE OF

APPLICANT	City of Sacramento	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE	Richter			CAMP FIRE
			CATEGORY	PERIOD COVERING
				11/18 - 12/14

DESCRIPTION OF WORK PERFORMED

Animal Control trucks

[illegible]

GRAND TOTAL

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

SACIE HUGGINS

TITLE

CHIEF Antimicrobial	DATE
---------------------	------

2.27/9

ACTIVITY LOG (ICS 214)

1. Incident Name: Camp fire		2. Operational Period: <div style="display: flex; justify-content: space-between;"> <div> Date From: 10/21, 11/23 Time From: HHMM </div> <div> Date To: 11/21 + 11/23 Time To: HHMM </div> </div>																																						
3. Name: Julian Reynaga		4. ICS Position: Animal Control officer																																						
5. Home Agency (and Unit): City of Sacramento Animal Control																																								
6. Resources Assigned: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">ICS Position</th> <th style="width: 34%;">Home Agency (and Unit)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	ICS Position	Home Agency (and Unit)																																		
Name	ICS Position	Home Agency (and Unit)																																						
7. Activity Log: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Date/Time</th> <th>Notable Activities</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and Resources assigned are no longer available.</td> </tr> <tr> <td>11/21/18</td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> SAME </td> </tr> <tr> <td>11/23/18</td> </tr> <tr> <td>800</td> <td>Richter Bumping</td> </tr> <tr> <td>900</td> <td>get assignments</td> </tr> <tr> <td> </td> <td>Handle calls</td> </tr> <tr> <td> </td> <td>↓</td> </tr> <tr> <td>1700</td> <td>in to Richter for De bump</td> </tr> <tr> <td> </td> <td>complete notes</td> </tr> <tr> <td>2000</td> <td>return home</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Date/Time	Notable Activities		Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and Resources assigned are no longer available.	11/21/18	SAME	11/23/18	800	Richter Bumping	900	get assignments		Handle calls		↓	1700	in to Richter for De bump		complete notes	2000	return home																
Date/Time	Notable Activities																																							
	Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and Resources assigned are no longer available.																																							
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900	get assignments																																							
	Handle calls																																							
	↓																																							
1700	in to Richter for De bump																																							
	complete notes																																							
2000	return home																																							
8. Prepared by: Name: C Fensch		Position/Title: Sr. Animal Control Officer Signature: <i>[Signature]</i>																																						
ICS 214, Page 1		Date/Time: Date 2/27/19																																						

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE		2. Date/Time (Of Release Notification) 11/23/18 2000	3. Arrival Date/Time 11/21/18 0700
4. Name of Released Julian Raymundo		5. Position of Released Animal Control Officer	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type N/A			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:	
11. Cell Phone or Emergency Contact #		Time:	
		Date:	
12. EMMA Coordinator Name (Providing Jurisdiction) SAC OES / Cindy Machado			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	field support ICS		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks No one was actually doing Demob paperwork			
15. Prepared by (include Date and Time) J. Huggins 2-27			

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Service

Incident Name: Camp Fire

Request Date / Time: multiple 1

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 544-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 544-5377

Alt Phone: () - ,

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ,

Alt Phone: () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Julian Reynaga

Cell Phone:

Alt Phone: (916) 544-5377

Email: jreynaga@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmpID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmpID - 0006808

Sacpy07

Deptid	Empid	Name	Date	TRC	Hours	Rate	Amount
21001421	0006808	Reynaga, Julian Armando	11/22/2018	HOL	0.00	30.02	0.00
21001421	0006808	Reynaga, Julian Armando	11/23/2018	HYE	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/25/2018	OVT	2.00	30.02	60.03
21001421	0006808	Reynaga, Julian Armando	11/29/2018	OVT	4.00	30.02	120.07
21001421	0006808	Reynaga, Julian Armando	11/21/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/26/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/27/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/28/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/2/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/3/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/4/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/5/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/9/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/10/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/11/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/12/2018	REG	8.00	30.02	240.13
Totals for Reynaga, Julian Armando					165.00		3,301.79
Totals for Department - Animal Enforcement/Field Ser					165.00		3,301.79

OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT <u>Sacramento City Animal Control</u>	PA ID NO.	PROJECT NO.	DISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filed out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/21	11/23					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME <u>Dorian Resnager</u>	REG.									
JOB TITLE <u>Animal Control Officer II</u>	O.T.	11.5	10					21.5	45.03	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$968.15

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <u>Calvin Smith</u>	TITLE <u>Sr. Animal Control Officer</u>	DATE <u>2/27/19</u>
----------------------------------	--------------------------------------------	------------------------

ACTIVITY LOG (ICS 214)

1. Incident Name: Camp Fire		2. Operational Period:		Date From: 11/23 Time From: HHMM	Date To: 11/26 Time To: HHMM
3. Name: Ken Damgas		4. ICS Position: Animal Control Field Service		5. Home Agency (and Unit): City of Sacramento	
6. Resources Assigned:					
Name		ICS Position		Home Agency (and Unit)	
7. Activity Log:					
Date/Time		Notable Activities			
		12 hrs a day, Responded to Field service Requests for evacuation or shelter in place of animals. all information was filled at time of service so exact times are not available.			
11/23/18 to 11/26/18		Same all days			
		0800 Briefing @ Richter			
		0900 Get SIPS & Assignments			
		↓ Handle field calls			
		1700 into Richter for Debrief			
		1900 Return to Camp			
8. Prepared by: Name: Coleen Ensch Position/Title: Sr. Animal Care Technician Signature: [Signature] Date/Time: _____					

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE		2. Date/Time (Of Release Notification) 11/26/18 2000hrs	3. Arrival Date/Time 11/23/18 7AM
4. Name of Released Ken Douglas		5. Position of Released Animal Control Officer	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type N/A			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:	
11. Cell Phone or Emergency Contact #		Time:	
		Date:	
12. EMMA Coordinator Name (Providing Jurisdiction) SAC OES / Cindy Machado			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N		
{ } Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	field support ICS		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks No one was actually doing Demob paperwork			
15. Prepared by (Include Date and Time) J. Huggins 2-27			

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal field services

Incident Name: Camp fire

Request Date / Time: mult. 1

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 544-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 544-5377

Alt Phone: () - .

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - .

Alt Phone: () - .

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Ken Douglas

Cell Phone:

Alt Phone: (916) 544-5377

Email: kdouglas@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

P.O.S.T

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmpID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmpID - 0001708

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0001708	Douglas, Kenneth G	11/21/2018	CTO	1.00	30.02	30.02
21001421	0001708	Douglas, Kenneth G	12/10/2018	CTO	2.00	30.02	60.03
21001421	0001708	Douglas, Kenneth G	12/14/2018	CTO	2.50	30.02	75.04
21001421	0001708	Douglas, Kenneth G	11/22/2018	HOL	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/23/2018	HOL	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/28/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/29/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/30/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/3/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/4/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/5/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/6/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/24/2018	OVT	12.00	30.02	360.20
21001421	0001708	Douglas, Kenneth G	11/25/2018	OVT	12.00	30.02	360.20
21001421	0001708	Douglas, Kenneth G	11/26/2018	OVT	4.00	30.02	120.07
21001421	0001708	Douglas, Kenneth G	11/27/2018	OVT	4.00	30.02	120.07
21001421	0001708	Douglas, Kenneth G	12/7/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/11/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/12/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/13/2018	REG	8.00	30.02	240.13
Totals for Douglas, Kenneth G					189.00		4,247.31
Totals for Department - Animal Enforcement/Field Ser					189.00		4,247.31

OVT Rate should be 1.5 x
So, \$45.03/hr instead of \$30.02

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT Sacramento City Animal Control	PA ID NO.	PROJECT NO.	DISASTER Campfire
LOCATION/SITE Paradise, CA / Butte County		CATEGORY	PERIOD COVERING 11/18/18 - 12/18/18
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/23	11/24	11/25	11/26			TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME Kenneth Douglas	REG.									
JOB TITLE Animal Control Officer II	O.T.	12	12	12	12			48	45.03	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$ 2161.44

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED 	TITLE Dr. Arnold Castro Officer	DATE 2/27/19
----------------------------------------------------------------------------------------------------	-------------------------------------------	------------------------

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE		2. Date/Time (Of Release Notification) 11/25/18 2100	3. Arrival Date/Time 11/27/18 0700
4. Name of Released MAREK SLIWA		5. Position of Released Animal Control Officer	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type N/A			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) SAC OES / Cindy Machado			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	field support ICS		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks No one was actually doing Demob paperwork			
15. Prepared by (include Date and Time) J. Huggins 2-27			

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Service

Incident Name: *Camp Fire*

Request Date / Time: *Multiple*

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: *City of Sacramento*

24 Hour Phone Number: *(916) 599-5377*

EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*

Position / Title: *CHIEF ANIMAL CONTROL OFFICER* **Phone:** *(916) 599-5377*

Alt Phone: () - ()

Fax: () - **E-Mail:** *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ()

Alt Phone: () - ()

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *MARK SLIWA*

Cell Phone:

Alt Phone: *(916) 599-5377*

Email: *@cityofsacramento.org*

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes ☐ No

Security Clearance (if applicable)?

☒ Yes ☐ No

Equipment needed for deployment as specified above is available?

☒ Yes ☐ No

Has been made aware of the expected working conditions?

☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmpID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmpID - 0003864

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0003864	Sliva, Marek	11/23/2018	CTO	2.00	30.02	60.03
21001421	0003864	Sliva, Marek	12/14/2018	CTO	1.00	30.02	30.02
21001421	0003864	Sliva, Marek	11/22/2018	HOL	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/21/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/24/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/27/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/28/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/29/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/1/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/5/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/6/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/7/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/8/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/12/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/13/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/25/2018	CTOT	2.00	30.02	60.03
Totals for Sliva, Marek					208.00		3,271.78
Totals for Department - Animal Enforcement/Field Ser					208.00		3,271.78

OVR Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT <u>SACramento City Animal Control</u>	PA ID NO.	PROJECT NO.	DISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filed out in greater detail and submitted to NVADA at that time. Specific start/end times are no longer available.


NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/27	11/28					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME <u>Marek Slawa</u>	REG.									
JOB TITLE <u>Animal Control Officer</u>	O.T.	13.5	13.5					27	45.03	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$121581

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <u>[Signature]</u>	TITLE <u>Sr. Animal Control Officer</u>	DATE <u>2/27/19</u>
---------------------------------	--------------------------------------------	------------------------

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE		2. Date/Time (Of Release Notification) 11/25/18 8am	3. Arrival Date/Time 11/25/18 7am
4. Name of Released Sean Colan		5. Position of Released Animal Control Officer	
[Returning via Airline Name & Flight Number, POV...]			
6. Transportation Type N/A			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon) 		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) SAC OES / Cindy Machado			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	field support ICS		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks No one was actually doing Demob paperwork			
15. Prepared by (include Date and Time) J. Huggins 2-27			

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: Camp Fire

Request Date / Time: multiple dates

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 544-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 544-5377

Alt Phone: () - ,

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ,

Alt Phone: () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: SEAN COLAN

Cell Phone:

Alt Phone: (916) 544-5377

Email: scolan@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

() - () - ,

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmpID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmpID - 0020082

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020082	Colan, Sean	11/27/2018	CTO	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/22/2018	HOL	8.00	22.33	178.66
21001421	0020082	Colan, Sean	11/23/2018	HOL	8.00	22.33	178.66
21001421	0020082	Colan, Sean	11/21/2018	OVT	4.50	22.33	100.49
21001421	0020082	Colan, Sean	11/24/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/25/2018	OVT	10.00	22.33	223.32
21001421	0020082	Colan, Sean	11/28/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/29/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/30/2018	OVT	2.50	22.33	55.83
21001421	0020082	Colan, Sean	12/1/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/4/2018	OVT	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/5/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/6/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/7/2018	OVT	1.25	22.33	27.92
21001421	0020082	Colan, Sean	12/8/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/11/2018	OVT	4.75	22.33	106.08
21001421	0020082	Colan, Sean	12/12/2018	OVT	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/13/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/14/2018	OVT	2.87	22.33	64.09
Totals for Colan, Sean					198.37		1,080.20
Totals for Department - Animal Enforcement/Field Ser					198.37		1,080.20

* OVT Rate should be 1.5x

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE OF

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APPLICANT

Sacramento City Animal Control

PAID NO.

PROJECT NO.

DISASTER

Camp Five

LOCATION/SITE

Paradise, CA / Butte County

CATEGORY

PERIOD COVERING

41818-121818

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADG at that time. Specific start-end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS			
JOB TITLE	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
Sean Colan Animal Control Officer	11/25/18											
	REG.											
	O.T.	10						10	22.33			\$ 334.95
	REG.											
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

6

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

\$1,334.95

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

3711

DATE _____

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name:

Request Date / Time:

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 544-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 544-5377

Alt Phone: () - ,

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ,

Alt Phone: () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Johnson Tran

Cell Phone:

Alt Phone: (916) 544-5377

Email: JHtran@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

P.O.S.T

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmplID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmplID - 0020506

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020506	Tran,Johnson	12/6/2018	CTO	5.00	31.41	157.04
21001421	0020506	Tran,Johnson	12/8/2018	CTO	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/22/2018	HOL	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/23/2018	HOL	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/21/2018	OVS	0.50	31.41	15.70
21001421	0020506	Tran,Johnson	11/24/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/27/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/28/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/29/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/30/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/1/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/11/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/12/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/13/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/14/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/7/2018	HEUAM	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/5/2018	HYAAM	4.00	31.41	125.63
21001421	0020506	Tran,Johnson	12/4/2018	PT5AM	8.00	31.41	251.27
Totals for Tran,Johnson					162.00		4,067.37
Totals for Department - Animal Enforcement/Field Ser					162.00		4,067.37

*OUT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT Sacramento City Animal Control	PAID NO.	PROJECT NO.	DISASTER Campfire
LOCATION/SITE Paradise, CA / Butte County		CATEGORY	PERIOD COVERING 11/18/18 - 12/18/18
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/27/18	11/28/18					TOTAL HOURS	HOURLY RATE	TOTAL HOURLY RATE
JOB TITLE										
NAME										
Johnson Tran										
JOB TITLE										
Senior Animal Control off.										
NAME										
JOB TITLE										
NAME										
JOB TITLE										
NAME										
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11/30

1. Incident Name: Camp Fire		2. Operational Period:		Date From: 11/23 + 12/19	Date To: 10/23 + 11/30
3. Name: Clinton Ramirez		4. ICS Position: Animal Control Officer		5. Home Agency (and Unit): City of Sacramento Animal Center	
6. Resources Assigned:					
Name		ICS Position		Home Agency (and Unit)	
7. Activity Log:					
Date/Time		Notable Activities			
		Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.			
11/23/18		0800 Richter briefing 0830 get SIPS assignments ↓ Handle SIPS ↓ 1800 Return to Richter, Debrief, Complete paperwork ~2000 Return home			
11/30/18		0800 Brief @ Richter get calls ↓ Handle calls 1600 End day Debrief return home			
8. Prepared by: Name: C Fensch Position/Title: Sr. Animal Control Officer Signature: [Signature] Date/Time: 2/27/19					

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE	2. Date/Time (Of Release Notification) 11/30/18 1800	3. Arrival Date/Time 11/23/18 0700
4. Name of Released Clinton Ramirez	5. Position of Released Animal Control Officer	

(Returning via Airline Name & Flight Number, POV...)

6. Transportation Type **N/A**

7. Actual Release Date/Time

8. MRT #

(RIMS Mission Tasking Number)

9. Destination (Location Agreed Upon)

10. Notified: Agency { } Region { } Area { } Dispatch { }
(check one, list information below)

Name:

Time:

Date:

11. Cell Phone or Emergency Contact #

12. EMMA Coordinator Name (Providing Jurisdiction) **SAC OES / Cindy Machado**

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

Logistics Section**Comment and Sign Off**

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N

EMMA Form 4 - Exit Survey Provided? Y N

{ } Supply Unit

{ } Communications Unit

{ } Facilities Unit

☒ Ground Support Unit**field support ICS****Plans/Intel Section****Comment and Sign Off**

{ } Documentation Unit

Finance/Admin Section**Comment and Sign Off**

{ } Time Unit

Other**Comment and Sign Off**

{ }

{ }

14. Remarks

No one was actually doing Demob paperwork

15. Prepared by (Include Date and Time)

J. Huggins 2-27

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal field

Incident Name: Camp fire services

Request Date / Time: multiple 1

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of SACRAMENTO

24 Hour Phone Number: (916) 599-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 599-5577

Alt Phone: () - ,

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ,

Alt Phone: () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Clinton Ramirez

Cell Phone:

Alt Phone: (916) 599-5577

Email: clramirez@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (If applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmplID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmplID - 0020271

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020271	Ramirez, Clinton	11/22/2018	HOL	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	11/23/2018	OVT	13.00	22.88	297.40
21001421	0020271	Ramirez, Clinton	11/26/2018	OVT	2.00	22.88	45.75
21001421	0020271	Ramirez, Clinton	11/27/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	11/28/2018	OVT	2.00	22.88	45.75
21001421	0020271	Ramirez, Clinton	11/29/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	11/30/2018	OVT	9.00	22.88	205.89
21001421	0020271	Ramirez, Clinton	12/3/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	12/10/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	12/11/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	12/12/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	12/13/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	11/21/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	11/25/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/2/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/4/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/5/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/6/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/9/2018	REG	8.00	22.88	183.01
Totals for Ramirez, Clinton					171.00		2,173.29
Totals for Department - Animal Enforcement/Field Ser					171.00		2,173.29

* OVT rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT <u>Sacramento City Animal Control</u>	PA ID NO.	PROJECT NO.	DISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>

DESCRIPTION OF WORK PERFORMED
Reported to town of Paradise for field services. Information was filed out in greater detail and submitted to NVADA at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	4/23/18	4/30/18	5/7/18	5/14/18	5/21/18	5/28/18	TOTAL HOURS	HOURLY RATE	TOTAL COSTS
NAME <u>Clinton Ramirez</u>	REG.									
JOB TITLE <u>Animal Control Officer</u>	O.T.	13	9					22	22.88	\$755.04
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$ _____
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$755.04

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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ACTIVITY LOG (ICS 214)

1. Incident Name: Camp fire	2. Operational Period:	Date From: 11/30 Date To: 12/2 Time From: HHMM Time To: HHMM																														
3. Name: Naomi-Beth McCall	4. ICS Position: Animal Control officer	5. Home Agency (and Unit): City of Sacramento Animal Control																														
6. Resources Assigned: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">ICS Position</th> <th style="width: 34%;">Home Agency (and Unit)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name	ICS Position	Home Agency (and Unit)																											
Name	ICS Position	Home Agency (and Unit)																														
7. Activity Log: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date/Time</th> <th>Notable Activities</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.</td> </tr> <tr> <td>11/30/18 to 12/2/18</td> <td>each day same</td> </tr> <tr> <td> </td> <td>0800 Richter Briefing & run SIP & Assignments</td> </tr> <tr> <td> </td> <td>1800 return to Richter to debrief & complete and paperwork</td> </tr> <tr> <td> </td> <td>2000 end Shift</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Date/Time	Notable Activities		Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.	11/30/18 to 12/2/18	each day same		0800 Richter Briefing & run SIP & Assignments		1800 return to Richter to debrief & complete and paperwork		2000 end Shift																		
Date/Time	Notable Activities																															
	Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.																															
11/30/18 to 12/2/18	each day same																															
	0800 Richter Briefing & run SIP & Assignments																															
	1800 return to Richter to debrief & complete and paperwork																															
	2000 end Shift																															
8. Prepared by: Name: C Fusch Position/Title: Sr. Animal Control Officer Signature: <i>[Signature]</i>																																
ICS 214, Page 1 Date/Time: Date 2/27/19																																

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE		2. Date/Time (Of Release Notification) 12/2/18 1800	3. Arrival Date/Time 11/30/18 0705
4. Name of Released Naomi McClure		5. Position of Released Animal Control Officer	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type N/A			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:	
11. Cell Phone or Emergency Contact #		Time:	
		Date:	
12. EMMA Coordinator Name (Providing Jurisdiction) SAC OES / Cindy Machado			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	Field support ICS		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks No one was actually doing Demob paperwork			
15. Prepared by (include Date and Time) J. Huggins 2-27			

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name: *Animal Field Service*

Request Date / Time: *multiple*

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: *City of Sacramento*

24 Hour Phone Number: *(916) 544-5577*

EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*

Position / Title: *CHIEF ANIMAL CONTROL OFFICER* Phone: *(916) 544-5577*

Alt Phone: () - ,

Fax: () - E-Mail: *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ,

Alt Phone: () - ,

Fax: () - E-Mail:

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *NAOMI MCCALL*

Cell Phone:

Alt Phone: *(916) 544-5577*

Email:

@Cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

() - () - ,

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmpID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmpID - 0020933

Sacpy07

DeptId	EmpId	Name	Date	TRC	Hours	Rate	Amount
21001421	0020933	McCall, Naomi-Beth	11/24/2018	CTO	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/8/2018	OVT	16.00	24.05	384.79
21001421	0020933	McCall, Naomi-Beth	12/9/2018	OVT	2.00	24.05	48.10
21001421	0020933	McCall, Naomi-Beth	12/12/2018	OVT	2.00	24.05	48.10
21001421	0020933	McCall, Naomi-Beth	12/13/2018	OVT	0.70	24.05	16.83
21001421	0020933	McCall, Naomi-Beth	11/21/2018	REG	10.00	24.05	240.49
21001421	0020933	McCall, Naomi-Beth	11/27/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/28/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/29/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/30/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/2/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/3/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/4/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/5/2018	REG	6.83	24.05	164.26
21001421	0020933	McCall, Naomi-Beth	12/6/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/10/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/11/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/11/2018	CTOT	7.50	24.05	180.37
Totals for McCall, Naomi-Beth					201.78		3,199.27

Totals for Department - Animal
Enforcement/Field Ser

201.78

3,199.27

* OVT Rate should be 1.5X

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1680-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT

Sacramento City Animal Control

PA ID NO.

PROJECT NO.

DISASTER

LOCATION/SITE

Paradise, CA / Butte County

CATEGORY

PERIOD COVERING

11/18/18 - 12/18/18

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS			
	DATE	11/30/18	12/1/18	12/2/18				TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
Naomi-Beth McCall	REG.										
Animal Control Officer	O.T.	15	15	3				33	\$24.05		\$1,371.99
	REG.										
	O.T.										
	REG.										
	O.T.										
	REG.										
	O.T.										
	REG.										
	O.T.										
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME											\$1,371.99
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME											\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

TITLE

DATE

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: *Camp Fire*

Request Date / Time: *multiple*

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: *City of Sacramento*

24 Hour Phone Number: *(916) 599-5577*

EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*

Position / Title: *CHIEF ANIMAL CONTROL OFFICER* **Phone:** *(916) 599-5577*

Alt Phone: () - () - ()

Fax: () - () **E-Mail:** *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - () - ()

Alt Phone: () - () - ()

Fax: () - () **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

OFFICER

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *Allison Nielson*

Cell Phone: *(916) 584-9858* **Alt Phone:** *(916) 599-5577*

Email: *Annelson@cityofsacramento.org*

Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above? ☒ Yes ☐ No

Security Clearance (If applicable)? ☒ Yes ☐ No

Equipment needed for deployment as specified above is available? ☒ Yes ☐ No

Has been made aware of the expected working conditions? ☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmplID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmplID - 0017125

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0017125	Nielson, Allison	11/22/2018	HOL	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/23/2018	HOL	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/21/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/26/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/27/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/28/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/29/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/30/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/10/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/11/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/12/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/13/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/14/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/3/2018	HEUAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/4/2018	HEUAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/5/2018	HEUAM	2.67	41.23	110.09
21001431	0017125	Nielson, Allison	12/6/2018	VACAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/7/2018	VACAM	8.00	41.23	329.87
Totals for Nielson, Allison					144.00		5,750.80

Totals for Department - Animal
Care/Shelter

144.00	5,750.80
--------	----------

ACTIVITY LOG (ICS 214)

[illegible]

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name:

Request Date / Time:

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 599-5377

Alt Phone: () - ()

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ()

Alt Phone: () - ()

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: CALYON SONES

Cell Phone:

Alt Phone: (916) 599-5377

Email: @cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes ☐ No

Security Clearance (If applicable)?

☒ Yes ☐ No

Equipment needed for deployment as specified above is available?

☒ Yes ☐ No

Has been made aware of the expected working conditions?

☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:

Incident Name:

Assignment Location (EOC, Command Post, Field, etc.):

Position/Task:

Shift (Day / Night):

Assignment Dates:

Number of Shifts (In days, do not include travel):

A. Mobilization Process:

- | | | | |
|------------------------------------------------------|------------------------------------|-------------------------------|------------------------------------------|
| • Alert Notification | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Recruitment | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Assignment Briefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): | | | |

B. Assignment Support:

- | | | | | |
|------------------------------------------------------|------------------------------------|------------------------------------------|------------------------------------------|------------------------------|
| • Travel Arrangements | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> N/A |
| • EOC In-processing | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor | |
| • Deployment Support Kit | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |
| • SOPs/Forms | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |
| • Comments (Attach an additional page if necessary): | | | | |

C. Demobilization Process:

- | | | | |
|------------------------------------------------------|-----------------------------------------------|------------------------------------------|------------------------------------------|
| • EOC Out-processing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Personal Expense Reimbursement | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Post-Assignment Debriefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Overall Experience | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): | | | |

D. General Comments/Suggestions

City of SACRAMENTO

Time Reported by Date by EmplID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmplID - 0018911

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0018911	Jones, Calyn	11/22/2018	HOL	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	11/23/2018	HYE	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	11/21/2018	OVS	6.00	30.64	183.85
21001421	0018911	Jones, Calyn	11/25/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	11/27/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	11/28/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	11/29/2018	OVS	9.00	30.64	275.78
21001421	0018911	Jones, Calyn	11/30/2018	OVS	17.00	30.64	520.92
21001421	0018911	Jones, Calyn	12/2/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/3/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/4/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/5/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	12/6/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	12/8/2018	OVS	2.00	30.64	61.28
21001421	0018911	Jones, Calyn	12/9/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/10/2018	OVS	1.50	30.64	45.96
21001421	0018911	Jones, Calyn	12/11/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/12/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/13/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	11/26/2018	REG	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	12/1/2018	SB9	1.00	30.64	30.64
Totals for Jones, Calyn					190.75		2,137.29
Totals for Department - Animal Enforcement/Field Ser					190.75		2,137.29

OVT rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT Sacramento City Animal Control	PA ID NO.	PROJECT NO.	DISASTER Campfire
LOCATION/SITE Paradise, CA / Butte County		CATEGORY	PERIOD COVERING 11/18/18 - 12/18/18
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/21	11/28	11/29				TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME Adam Jones	REG.									
JOB TITLE Sr. Animal Control officer	O.T.	14	17	17				48	45.96	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$ 2200.08

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED Colyn Hughes	TITLE Sr. Animal Control officer	DATE 2/27/19
----------------------------------	--------------------------------------------	------------------------

ACTIVITY LOG (ICS 214)

1. Incident Name: <i>Campfire</i>		2. Operational Period:		Date From: <i>12/6 + 12/7</i>	Date To: <i>12/6 + 12/7</i>
3. Name: <i>Battney Rodge</i>		4. ICS Position: <i>Animal care technician</i>		Time From: HHMM Time To: HHMM	
5. Home Agency (and Unit): <i>City of Sacramento Front Street</i>					
6. Resources Assigned:					
Name	ICS Position		Home Agency (and Unit)		
7. Activity Log:					
Date/Time	Notable Activities				
	<i>provided Animal Care & Husbandry to Animals at the large Animal Site at not Gridley.</i>				
	<i>All info was provided at time of service so specific info is no longer available.</i>				
	<i>rach day</i>				
	<i>0800 Briefing</i>				
	<i> </i>				
	<i>care for all large animals @ gridley Suber along w/ chickens & other small livestock</i>				
	<i>1900 debrief & return home</i>				
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 214, Page 1		Date/Time: Date _____			

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE		2. Date/Time (Of Release Notification) 12/10/18 1800	3. Arrival Date/Time 12/6/18 0700
4. Name of Released Brittany Ridge		5. Position of Released Animal Control Officer	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type N/A			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon) /		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) SAC OES / Cindy Machado			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N		
{ } Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	field support ICS		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks No one was actually doing Demob paperwork			
15. Prepared by (include Date and Time) J. Huggins 2-27			

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal CARE

Incident Name: Camp Fire

Request Date / Time: multiple

Approved RIMS Mission #:
(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 599-5377

Alt Phone: () - ,

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ,

Alt Phone: () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Brittany Ridge

Cell Phone: () -

Alt Phone: (916) 544-5377

Email: bridge@cityofsacramento.org

Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above? ☒ Yes ☐ No

Security Clearance (If applicable)? ☒ Yes ☐ No

Equipment needed for deployment as specified above is available? ☒ Yes ☐ No

Has been made aware of the expected working conditions? ☒ Yes ☐ No

Experience / EOC Position Credentials:

Current Animal equipment & training

Special Skills / Certifications / Licenses:

Large Animal experience

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

() - () -

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmplID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmplID - 0017647

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0017647	Ridge,Brittney	11/22/2018	HVE	8.00	18.81	150.46
21001431	0017647	Ridge,Brittney	11/23/2018	HVE	8.00	18.81	150.46
21001431	0017647	Ridge,Brittney	12/6/2018	OVT	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/13/2018	OVT	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/14/2018	OVT	5.00	18.81	94.04
21001431	0017647	Ridge,Brittney	11/21/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/25/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/26/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/27/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/28/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/2/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/3/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/4/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/5/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/9/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/10/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/11/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/12/2018	REG	10.00	18.81	188.07
Totals for Ridge,Brittney					176.00		3,216.03

Totals for Department - Animal
Care/Shelter

176.00	3,216.03
--------	----------

OVT Rate should be 1.5x

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE

OF

APPLICANT

SACramento City Animal Control

PAID NO.

PROJECT NO.

DISASTER

Camp Fire

PERIOD COVERING

11/30/80 - 12/8/80

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

[illegible]

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

THE

TITLE Sn Animal Control - Aff Care

DATE _____

DATE 2/27/19

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number CAMP FIRE		2. Date/Time (Of Release Notification) 11/26/18 2000 hrs	3. Arrival Date/Time 11/26/18 800
4. Name of Released Lisa Johnson		5. Position of Released Animal Control Officer	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type N/A			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) Sac OES / Cindy Machado			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	field support IIS		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks No one was actually doing Demob paperwork			
15. Prepared by (Include Date and Time) J. Huggins 2-27			

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name:

Request Date / Time: /

Approved RIMS Mission #:
(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 599-5577

Alt Phone: () - ,

Fax: () - **E-Mail:** Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: () - ,

Alt Phone: () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Lisa Johnson

Cell Phone: () -

Alt Phone: (916) 544-5337

Email: LJohnson@CityofSacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (If applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current Animal equipment & training & prior shelter mgr

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

() - () -

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmplID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmplID - 0012430

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0012430	Johnson, Lisa M.	11/22/2018	HYE	8.00	22.91	183.32
21001431	0012430	Johnson, Lisa M.	11/23/2018	HYE	8.00	22.91	183.32
21001431	0012430	Johnson, Lisa M.	11/30/2018	OVT	6.00	22.91	137.49
21001431	0012430	Johnson, Lisa M.	12/7/2018	OVT	6.00	22.91	137.49
21001431	0012430	Johnson, Lisa M.	12/13/2018	OVT	3.00	22.91	68.74
21001431	0012430	Johnson, Lisa M.	12/14/2018	OVT	2.00	22.91	45.83
21001431	0012430	Johnson, Lisa M.	11/25/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/26/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/27/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/2/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/3/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/4/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/5/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/9/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/10/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/11/2018	SIKAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/12/2018	SIKAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/21/2018	VACAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/28/2018	VACAM	10.00	22.91	229.15
Totals for Johnson, Lisa M.					169.00		3,735.10

Totals for Department - Animal
Care/Shepher

169.00	3,735.10
--------	----------

OVT Rate should be 1.5x

ACTIVITY LOG (ICS 214)

1. Incident Name: Camp Fire		2. Operational Period:		Date From: 10/26 Time From: HHMM	Date To: 11/30 Time To: HHMM
3. Name: John Sorrels		4. ICS Position: Animal Control Officer		5. Home Agency (and Unit): City of Sacramento Animal Center	
6. Resources Assigned:					
Name	ICS Position		Home Agency (and Unit)		
Nat Guard	3 soldiers				
7. Activity Log:					
Date/Time	Notable Activities				
	Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.				
11/26/18 to 11/30/18	Same each day				
	0800 Arrive @ Richter & Attend Briefing				
	0900 receive SIPS assignments for Day				
	1800 return from field & Debrief, complete notes				
	↓				
	2000 leave for night				
8. Prepared by: Name: C Fensch Position/Title: Sr. Animal Control Officer Signature: [Signature] Date/Time: 2/27/19					

**EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal field services

Incident Name: *Camp fire*

Request Date / Time: *multiple*

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: *City of Sacramento*

24 Hour Phone Number: *(916) 599-5577*

EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*

Position / Title: *CHIEF ANIMAL CONTROL OFFICER* **Phone:** *(916) 599-5577* **Alt Phone:** () - ,

Fax: () - **E-Mail:** *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title: **Phone:** () - , **Alt Phone:** () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER
Print Name and Title

[Signature]
Signature

Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *John Sorrels* **Cell Phone:** () - **Alt Phone:** *(916) 599-5577*
Email: *jsorrels@cityofsacramento.org* **Available for the period specified above?** ☒ Yes ☐ No

Able to perform the tasks described above? ☒ Yes ☐ No **Security Clearance (If applicable)?** ☒ Yes ☐ No

Equipment needed for deployment as specified above is available? ☒ Yes ☐ No **Has been made aware of the expected working conditions?** ☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name: **Relationship:** **Cell Phone:** **Alt Phone:**
() - () - ,

Additional Comments:

City of SACRAMENTO

Time Reported by Date by EmpID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmpID - 0006375

Sacpy07

Deptid	Empid	Name	Date	TRC	Hours	Rate	Amount
21001314	0006375	Sorrels, John Lee	11/22/2018	HOL	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	11/23/2018	HOL	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	11/26/2018	OVT	3.50	33.19	116.16
21001314	0006375	Sorrels, John Lee	11/27/2018	OVT	6.00	33.19	199.13
21001314	0006375	Sorrels, John Lee	11/28/2018	OVT	3.50	33.19	116.16
21001314	0006375	Sorrels, John Lee	11/29/2018	OVT	1.50	33.19	49.78
21001314	0006375	Sorrels, John Lee	11/30/2018	OVT	4.00	33.19	132.75
21001314	0006375	Sorrels, John Lee	11/21/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/3/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/4/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/5/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/6/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/7/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/10/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/11/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/12/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/13/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/14/2018	REG	8.00	33.19	265.50
Totals for Sorrels, John Lee					162.50		4,065.52
Totals for Department - Business Compliance					162.50		4,065.52

OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE _____ OF _____

APPLICANT Sacramento City Animal Control	PAID NO.	PROJECT NO.	DISASTER Camp Fire
LOCATION/SITE Paradise, CA / Butte County		CATEGORY	PERIOD COVERING 11/18/18 - 12/18/18
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/26	11/27	11/28	11/30			TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME John Samuels	REG.									
JOB TITLE Code Enforcement Officer	O.T.	10	10	10	10			40	49.79	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME \$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME \$ 1991.4

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <i>[Signature]</i>	TITLE Sr. Animal Control Officer	DATE 2/27/19
---------------------------------	--------------------------------------------	------------------------

ACTIVITY LOG (ICS 214)

[illegible]

Emergency Management Mutual Aid Plan

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number: Camp Fire	2. Date/Time (Of Release Notification) 11/21/2018 1830	3. Arrival Date/Time 11/21/2018 0700
---------------------------------------	-----------------------------------------------------------	-----------------------------------------

4. Name of Released Allison Nielson	5. Position of Released Shelter Aide
----------------------------------------	-----------------------------------------

(Returning via Airline Name & Flight Number, POV...)

6. Transportation Type: City vehicle

7. Actual Release Date/Time
11/21/2018 18308. MRT # Camp Fire
(RIMS Mission Tasking Number)9. Destination (Location Agreed Upon)
EOC, then to Chico Airport Shelter10. Notified: Agency { } Region { } Area { } Dispatch { }
(check one, list information below)
Name:

11. Cell Phone or Emergency Contact #

Time:

Date:

12. EMMA Coordinator Name (Providing Jurisdiction) City of Sacramento

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

Logistics Section

Comment and Sign Off

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N
EMMA Form 4 - Exit Survey Provided? Y N

{ } Supply Unit

{ } Communications Unit

{ } Facilities Unit

{ } Ground Support Unit

Plans/Intel Section

Comment and Sign Off

{ } Documentation Unit

Finance/Admin Section

Comment and Sign Off

{ } Time Unit

Other

Comment and Sign Off

{ }

{ }

14. Remarks

There was no official demobilization checkout procedure performed with me, I was just advised by Shelter Lead that I could leave

15. Prepared by (include Date and Time) Allison Nielson, 2/14/2019, 1155

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:

Incident Name: Camp Fire

Assignment Location (EOC, Command Post, Field, etc.): Chico Airport

Position/Task: Shelter Aide

Shift (Day / Night): Day

Assignment Dates: 11/21/2018

Number of Shifts (In days, do not include travel): 1

A. Mobilization Process:

- | | | | |
|------------------------------------------------------|------------------------------------|-------------------------------|------------------------------------------|
| • Alert Notification | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Recruitment | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Assignment Briefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): | | | |

B. Assignment Support:

- | | | | | |
|------------------------------------------------------|------------------------------------|-------------------------------|------------------------------------------|------------------------------|
| • Travel Arrangements | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> N/A |
| • EOC In-processing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |
| • Deployment Support Kit | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |
| • SOPs/Forms | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | |
| • Comments (Attach an additional page if necessary): | | | | |

C. Demobilization Process:

- | | | | |
|------------------------------------------------------|------------------------------------|-------------------------------|------------------------------------------|
| • EOC Out-processing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Personal Expense Reimbursement | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Post-Assignment Debriefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Overall Experience | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): | | | |

D. General Comments/Suggestions

I only attended for one day as my skills and knowledge were extremely underutilized. I am a shelter manager and prior animal control officer. A shelter manager was requested and when I arrived I was instructed to fall in line and do as I was told. I was asked to head to the Chico Airport shelter where I was instructed to clean and box up cats for the duration of the day. I do not feel that I am better than anything and as such did whatever I could to help, but I feel I was not utilized in the most effective manner. Communication was also very limited and upon release was just told that I could leave.

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <i>Paradise Camp fire</i>		2. Date/Time (Of Release Notification) <i>11/21 + 11/29-30</i>	3. Arrival Date/Time <i>0700</i>
4. Name of Released <i>Catalyn Jones</i>		5. Position of Released <i>Animal control officer</i>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <i>Drove City vehicle</i>			
7. Actual Release Date/Time <i>11/21, 1830 + 11/30, 1830 hr</i>		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon) <i>EOC → Chico Airport</i> <i>2800 Richter Field services</i>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <i>City of Sacramento Animal Control</i>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? <input checked="" type="checkbox"/> Y N		
{ } Supply Unit			
{ } Communications Unit			
<input checked="" type="checkbox"/> Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit			
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks <i>For Chico Airport on 11/21, I checked in at the EOC and was deployed to the airport to clean cat kennels and box / assist with transport. I did not receive instructions to do any official checks at prior to leaving.</i> <i>For field services, I checked in at 2800 Richter in the morning on 11/29 and when leaving on 11/30 in the evening, was checked at by Chief Jace Huggins and Dispatch unit.</i>			
15. Prepared by (Include Date and Time)			

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:

Incident Name: *Campfire - Paradise*

Assignment Location (EOC, Command Post, Field, etc.): *Field + Chico Airport*

Position/Task: *Chico Airport - Kennel cleaning + transport, Field → Field response*

Shift (Day / Night): *Day*

Assignment Dates: *11/21, and 11/29 - 11/30*

Number of Shifts (In days, do not include travel): *3*

A. Mobilization Process:

- Alert Notification ☐ Excellent ☐ Good ☒ Poor
- Recruitment ☐ Excellent ☐ Good ☒ Poor
- Assignment Briefing ☐ Excellent ☒ Good ☐ Poor

• Comments (Attach an additional page if necessary):

News of the wildfire was spread by news stations. on department and others sent staff into advising we could help but received no reply for weeks.

B. Assignment Support:

- Travel Arrangements ☐ Excellent ☒ Good ☐ Poor
- EOC In-processing ☐ Excellent ☒ Good ☐ Poor
- Deployment Support Kit ☐ Excellent ☒ Good ☐ Poor
- SOPs/Forms ☐ Excellent ☒ Good ☐ Poor

• Comments (Attach an additional page if necessary):

Very disorganized at first but changes were slowly made to improve - different methods of documenting animals

C. Demobilization Process:

- EOC Out-processing ☐ Excellent ☒ Good ☐ Poor
- Personal Expense Reimbursement ☐ Excellent ☐ Good ☐ Poor
- Post-Assignment Debriefing ☐ Excellent ☒ Good ☐ Poor
- Overall Experience ☐ Excellent ☒ Good ☐ Poor

• Comments (Attach an additional page if necessary):

D. General Comments/Suggestions

EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <u>Campfire</u>		2. Date/Time (Of Release Notification)	3. Arrival Date/Time <u>11-25-18 0800</u>
4. Name of Released <u>Leese Johnson</u>		5. Position of Released <u>Animal Care Technician</u>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <u>Personal Vehicle</u>			
7. Actual Release Date/Time <u>11-27-18 1800</u>		8. MRT # (RIMS Mission Tasking Number) <u>Camp Fire</u>	
9. Destination (Location Agreed Upon) <u>Butte</u>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction)			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 – Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
{ } Ground Support Unit			
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks			
15. Prepared by (include Date and Time)			

